PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/544,365			ing Date 03/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY	
FOR			NUMBER FI	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	N/A		N/A		N/A	150	]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A	N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		30 mi	30 minus 20 =		· 10		X \$25 =	250	OR	x s =		
	CFR 1.16(h))	S	2 m	2 minus 3 =		• 0		X \$100 =	0	1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE i	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small er additional 50 sheets or for 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	400	]	TOTAL		
L	APP	OED – F		SMALL ENTITY			OTHER THAN OR SMALL ENTITY						
AMENDMENT	08/18/2008	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 29	Minus	<b>~</b> 30		= 0		X \$25 =	0	OR	x s =		
z	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0	1	X \$105 =	0	OR	x s =		
M	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDME	VG	NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
N N	Total (37 CFR 1,16(i))		Minus	**		=		x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))	*	Minus	***				x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))									]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
										OR	TOTAL ADD'L FEE		
** 11	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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